

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/523031

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5				1		
6			1			
7				1		
8			1			
9				1		
10				1		
11				1		
12				1		
13				1		
14			1			
15				1		
16				1		
17				1		
18				1		
19				1		
20			1			
21				1		
22				1		
23				1		
24				1		
25			1			
26				1		
27				1		
28				1		
29			1			
30			1			
31			1			
32				1		
33				1		
34				1		
35			1			
36				1		
37				1		
38				1		
39			1			
40			1			
41				1		
42				1		
43				1		
44				1		
45			1			
46				1		
47			1			
48				1		
49				1		
50				1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			1			
52			1			
53			1			
54				1		
55				1		
56			1			
57				1		
58				1		
59				1		
60				1		
61			1			
62				1		
63				1		
64				1		
65				1		
66				1		
67				1		
68				1		
69				1		
70				1		
71				1		
72				1		
73				1		
74				1		
75				1		
76				1		
77				1		
78				1		
79				1		
80				1		
81				1		
82				1		
83				1		
84				1		
85				1		
86				1		
87				1		
88				1		
89				1		
90				1		
91				1		
92				1		
93				1		
94				1		
95				1		
96				1		
97				1		
98				1		
99				1		
100				1		
TOTAL IND.		↓	19	↓		↓
TOTAL DEP.	←		64	←		←
TOTAL CLAIMS			83			